

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 708
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends for Harry Reid

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Joseph M. Mikrut</p> <p>Mailing Address 6109 Eagle Landing Road</p> <p>City State Zip Code Burke VA 22015</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Capitol Tax Partners</p> <p>Occupation Principal</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text" value="3000.00"/></p>	<p>Date of Receipt <input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/></p> <p>Transaction ID: C18163904</p> <p>Amount of Each Receipt this Period <input type="text" value="500.00"/></p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Robert C. Davidson, Jr.</p> <p>Mailing Address 1750 Lombardy Road</p> <p>City State Zip Code Pasadena CA 91106</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer N/A</p> <p>Occupation Retired</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text" value="4800.00"/></p>	<p>Date of Receipt <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2009"/></p> <p>Transaction ID: C18147804</p> <p>Amount of Each Receipt this Period <input type="text" value="2400.00"/></p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Loma M. Johnson</p> <p>Mailing Address 910 Crescent Drive</p> <p>City State Zip Code Beverly Hills CA 90210</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer AFC Medical Group</p> <p>Occupation Nurse</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text" value="4800.00"/></p>	<p>Date of Receipt <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2009"/></p> <p>Transaction ID: C18147814</p> <p>Amount of Each Receipt this Period <input type="text" value="2400.00"/></p>	
<p>SUBTOTAL of Receipts This Page (optional)</p>		<p><input type="text" value="5300.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>		<p><input type="text"/></p>